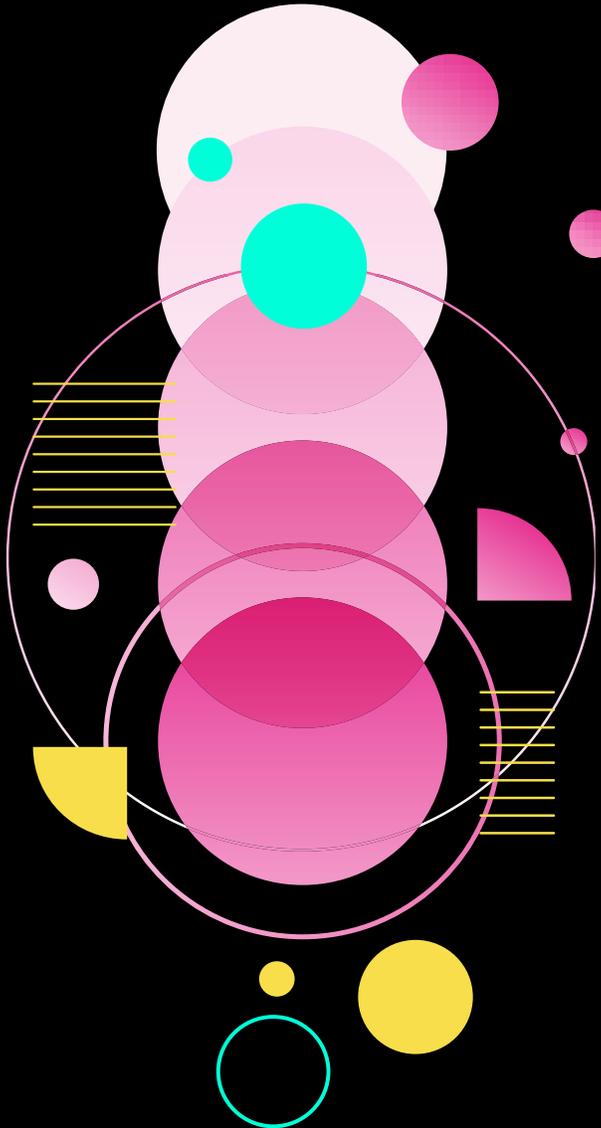


THIS WAY OUT: A FIVE POINT PLAN TO END THE PANDEMIC



Two years have passed since the World Health Organization declared COVID-19 a global pandemic.

The officially reported global death toll has eclipsed six million. However, the WHO estimates that some 15 million have died directly or indirectly due to COVID-19 (excess mortality) while a study by the University of Washington places the overall death toll at 18 million.

As we kick off year three, the world still lacks a coordinated game plan for ending the pandemic globally. Sure, some countries are doing a lot and there are lots of meetings and summits. But piecemeal announcements do not add up to a strategy or comprise the level of ambition needed to finish the job. We are at a pivot point that will go a long way towards determining whether we are looking at a future of global coherence or increasing divergence. Current vaccination data makes clear that without a strategic course correct, we are headed in the wrong direction: in high and upper-middle income countries, 75% of [people have been fully vaccinated](#), while in low-income countries, that number is 13%.

Some argue that the WHO target of fully vaccinating 70% of the population in all countries is unrealistic and that a continued focus on the target risks diverting resources and attention away from other public health challenges at a time when the world has reached acceptable levels of immunity. But even if that target is revised to reflect countries' own targets – in many cases below 70% - and to focus on the most vulnerable, the gap between aspiration and achievement is wide and dangerous. We also know that both vaccine-induced and natural immunity wane over time, leaving half the planet continually vulnerable to new surges of infection, and therefore the whole planet vulnerable to a new variant. And while it is true that a continued focus on ambitious targets could divert resources away from tackling other diseases, that is a political choice - and a false one. If this pandemic has taught us anything, it is that many viruses pose collective and not just national threats, and that unless and until we contain immediate threats and prepare for those we know are coming, "none of us are safe until all of us are safe" will prove to be more fact than slogan.

The world – and particularly the world's major democracies – joined forces when faced with the September 11th attacks, the rise of ISIS and the Russian invasion of Ukraine, and the global financial crisis of 2007-2008 designated the G20 as the premier forum for coordination

of the global economy. But a global catastrophe caused by a virus has been met with a lackluster response hindered by insufficient funding, political will, and imagination. There are reasons for this: the pandemic was politicized as soon as it struck, leading to culture wars and division; the appeal of collective action has faded, and we are living in a moment where "us and them" trumps "we;" and governments are, understandably, pre-occupied with the ravages of the pandemic within their own borders. **But we are, regrettably, failing to stop the pandemic where it flourishes, namely, in places where people are unprotected.**

Another reality is that global access to vaccines and other countermeasures relies on a global trading and economic system that was not built to foster equity. Many wealthy countries are now deciding that with high vaccination rates and ample supplies of vaccines and new therapeutics, they can live with the virus. The world's poorer countries are concluding that they have no choice but to live with the virus for the simple reason that they have neither high vaccination rates nor adequate access to vaccines and therapeutics. Against this backdrop, and with the number of new cases reported daily still topping 500,000, we all remain at risk of new variants – and whether these will be stronger or weaker than past variants is a roll of the dice.



COVID-19 vaccination centre at Kenyatta National Hospital, Nairobi, Kenya. © 2021 / ONE, Click Pictureworks Africa Ltd, Mwangi Kirubi



REUTERS/Hannah McKay

**The world now has the opportunity,
and the obligation, to **get it right**,
and that means doing three things:**

- **reframing the threat;**
- **forging a coalition of the willing and determined; and**
- **adopting and pursuing a strategic plan.**

Redefine the threat: Despite it having massive impact on the global, national, and local economies, killing millions, disrupting commerce and travel and upending health systems and services, the global crisis triggered by the pandemic is viewed narrowly as a matter of public health. This singular definition discounts that it is also a threat to international stability and to the global economy and fosters a conventional response more appropriate for a humanitarian crisis than for a threat on par with terrorism. Oddly, it is the source of the threat rather than the risk it poses that is shaping the global response. Surely if a terrorist network deployed a bioweapon that triggered a global pandemic, the world would unite to garner the political and financial capital necessary to defeat the pandemic and prevent the recurrence of a similar event in the future. ***A redefinition based on risk - the pandemic as a threat to global stability, the global economy and global public health - is needed to foster a different and more strategic approach.***

Forge a coalition of the willing and determined:

While there have been notable contributions to the pandemic and instances of individual leadership, there is no dedicated coalition driving a global plan or providing the strategic coordination needed to ensure that individual actions add up to a comprehensive and effective global response. Collaboration before and during major summits is critical to these action-forcing events, but insufficient to fuel a systemic and comprehensive response that requires sustained political will to succeed. The global leadership needed requires the formation of a coalition of diverse countries, international institutions, private sector leaders and philanthropy that will: ***endorse and act on a common plan; coordinate financing and programming; identify resource and implementation gaps and seek to fill them or identify alternative approaches; and ensure the full engagement of all relevant actors in the [Multilateral Leaders Task Force/ACT-A Global COVID-19 Access Tracker](#).***



COVID-19 vaccination centre at Kenyatta National Hospital, Nairobi, Kenya. © 2021 / ONE, Click Pictureworks Africa Ltd, Mwangi Kirubi

THIS WAY



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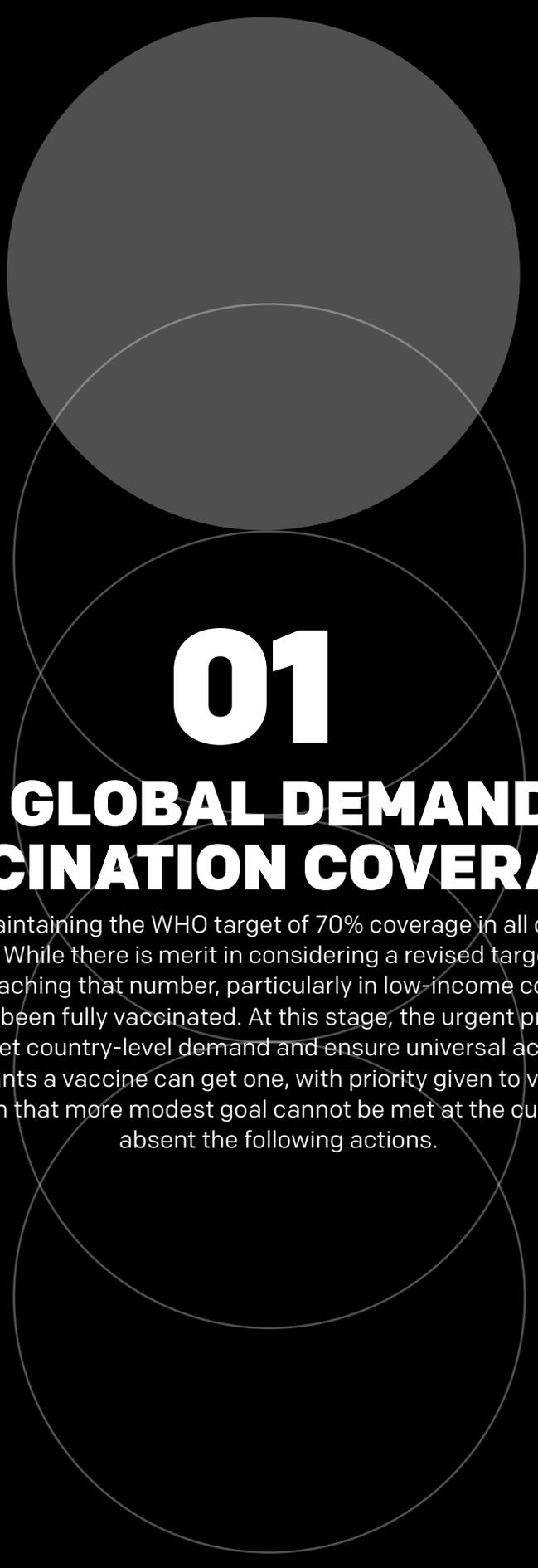


A FIVE POINT PLAN:

The “to do” list for ending the pandemic is a long one, but with concerted, coordinated, and sustained effort along five key lines of effort, it can be done. **Each element rests on the fundamentals of equity.** Much has been written about how the pandemic has unmasked structural inequities within and across national borders, but the deeper truth is that the systems upon which we rely to protect ourselves from viral threats were not designed to be equitable. And while equity is a matter of fundamental justice and principle, it in our national and global self-interest and a prerequisite for a scientifically sound response. Viruses know no borders and seek only to replicate and mutate; containing and countering them only where resources allow runs counter to the very nature of the threat.

Each of these lines of effort requires resources, and far more financing than is available at present. But under-financing the response objectives: is proving quite expensive—

according to the [International Monetary Fund](#), [the cost of the pandemic could reach \\$14 trillion by the end of 2024](#); it has triggered the first increase in extreme poverty in 25 years; as many as 18 million people are dead; health systems have been ravaged, and job losses have skyrocketed. **The bottom line is that a properly funded response is far less costly than an unchecked pandemic.** As has been demonstrated by the IMF-led plan to recycle Special Drawing Rights (SDR), imagination must also come into the mix. ODA budgets will have to increase, but governments can and should tap into national security budgets to finance some aspects of the response; the World Bank and other multilateral development banks can develop mechanisms to deploy more quickly and efficiently the billions of dollars available; the private sector can and should shift from individual actions and donations to aggregated support to enable scale. **Going forward, a sound plan comprises five objectives:**



01

MEET GLOBAL DEMAND FOR VACCINATION COVERAGE:

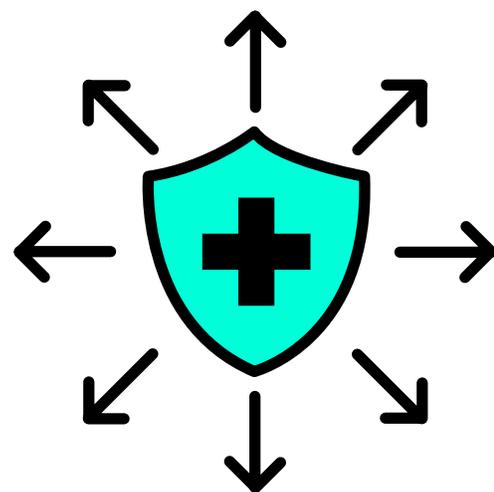
The efficacy of maintaining the WHO target of 70% coverage in all countries is now the subject of debate. While there is merit in considering a revised target, the world is at no risk of even approaching that number, particularly in low-income countries, where only 13% of people have been fully vaccinated. At this stage, the urgent priority must be to – at the very least – meet country-level demand and ensure universal access such that every individual who wants a vaccine can get one, with priority given to vulnerable groups in all countries. Even that more modest goal cannot be met at the current response rate absent the following actions.

Develop a universal and transparent vaccine tracker. A global vaccination campaign cannot be run effectively in the dark. All producers and governments must make available to a universal, transparent tracker data on global production, contracts, allocations, and scheduled deliveries.

Allocate up to 20% of the global supply of WHO-approved vaccines available to COVAX and AVAT for purchase or via donation, with that percentage determined by their assessment(s) of projected demand. While the creation of COVAX and establishment of AVAT have provided critical instruments for vaccine access, no provision was made to ensure that either entity could secure sufficient supply to meet demand at a pace comparable to that achieved in wealthy countries. Front-loading that market access is key to ensuring sufficient supply for the world's most under-vaccinated countries and vulnerable populations.

Coordinate and increase funding for vaccine delivery. Recent moves by the U.S. and EU to increase funding for vaccine delivery are welcome, but these must be coordinated with other assistance to ensure that all countries are covered and that the provision of vaccine doses to a given country are matched to the delivery of vaccines to people in country. Coordination and coverage are especially urgent in zones of conflict and humanitarian crises, where ramped up financial and political support for the COVAX humanitarian buffer is needed.

Develop a long-term plan for the provision of boosters and annual vaccines. While there has been no definitive guidance provided by the WHO as to whether and in what combination COVID-19 vaccines and boosters will be needed, on an annual or other basis, it is fair to assume that demand will be sustained over time. Planning now for various scenarios is critical.





02

MANAGE THE VIRUS:

"Living with the virus" only works if countries have the tools needed to manage it. Significantly, many of these can do "double duty" and be deployed against other diseases and public health demands.

Strengthen health systems. Major global health initiatives, including Gavi, the Global Fund to fight AIDS, TB and Malaria and PEPFAR have been investing in health system capacity in low-income countries, which positioned them to respond to immediate needs quickly when COVID hit. At the same time, some governments – particularly in Africa – have increased domestic health spending. Continued support for health system strengthening is key to managing the virus now, as well as detecting and managing the next outbreak and achieving better health outcomes overall. This can be achieved in part by reserving a percentage of all external health funding for capacity building.

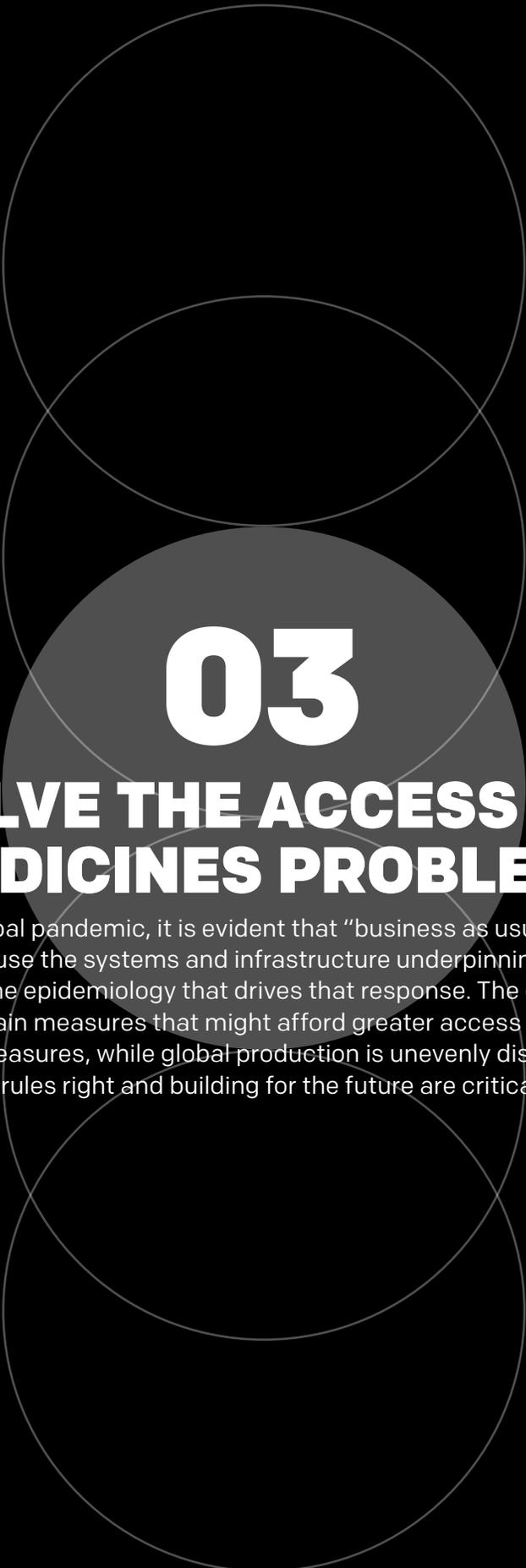
Sustain financing for testing and diagnostics. Just as shortfalls in funding to deliver vaccines to people is slowing the delivery of available vaccines, failure to sustain funding for testing and diagnostics will undermine the ability of countries to manage the virus and identify potential surges. Key point: do not assume that this funding is no longer needed.

Fill the data gaps. It may seem that the world is awash in pandemic-related data, but the fact is that there are significant gaps that preclude fully accurate assessments of risks and gains. Two actions can make a major difference. First, full participation in and uploading all relevant data into the Multilateral Leaders Task Force/ ACT-A Global COVID-19 Access Tracker can provide a universal picture of the state of the pandemic. Second, global tech companies should join forces – over and above supporting individual projects as many are doing now – to scale the capacity of all health workers to report data into viable national reporting systems.

Make therapeutics widely available. Given the efficacy of these new drugs, wide availability is critical to managing the virus and preventing its spread. The international community is at present poised to approach access in a manner not unlike the approach taken to vaccines – wealthy countries are buying up the available stock, with some pharmaceutical companies donating or making available for sale small allotments to lower income countries. There is an opportunity now to act on the lessons learned from what has not worked with vaccines and correct for those shortcomings as more therapeutics are produced.



Nurse in Hospital, Nigeria. © 2022 / ONE - Omoregie Osakpolor

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03

SOLVE THE ACCESS TO MEDICINES PROBLEM:

Two years into a global pandemic, it is evident that “business as usual” has not worked, in large measure because the systems and infrastructure underpinning pandemic response are not guided by the epidemiology that drives that response. The global terms of trade, for example, constrain measures that might afford greater access to vaccines and other medical countermeasures, while global production is unevenly distributed. Getting the rules right and building for the future are critical.

Temporary TRIPS waiver. Calls for a temporary TRIPS waiver should be maintained as negotiators seek a compromise. While a waiver may not deliver vaccines in time to meet current demand, it would have impact on long-term demand while also, and significantly, signaling that the international community supports temporary and exceptional trade provisions in times of heightened global risk.

Expand calls for voluntary licensing and consider compulsory licensing. We have seen some recent moves by major vaccine companies that mark progress, but individual initiatives are insufficient to stem the tide of a pandemic. Significantly, European Commission President Ursula von der Leyen stated that “if voluntary licensing fails, compulsory licensing has to be and is the legitimate tool to scale up production.”

Geographic diversification of production. The African Union arrived at the recent AU-EU Summit with a unified position in support of what it described as “health sovereignty” – the simple notion that Africa’s health should be in Africa’s hands to mitigate the obvious risk of dependence on other countries for life-saving medicines and medical supplies. The pre-pandemic global vaccine production architecture was built to produce far less than what was needed; that architecture will be further strained in future crises, but also warrants expansion given the promise of new malaria and other vaccines. Over-reliance on too few points of production – in this case, for example, the Indian factories that were

diverted to local demand during that country’s dramatic COVID siege – poses substantial risk. To ensure adequate and equitable production, governments, private investors, and industry should: pursue a strategy designed to ensure equitable access to medical counter-measures across geographic regions and country income levels, and, specifically, marshal IFC and bilateral DFI capital to invest in geographically diversified production; provide increased support to and engage with WHO hubs; develop partnerships between universities in low-income countries and lower-middle income countries and universities and other institutions that provide the relevant training in developed countries; and put in place the policies that can accelerate investment flows.



Doctor in Hospital, Nigeria. © 2022 / ONE - Omoregie Osakpolor

04

FOSTER A TRULY GLOBAL ECONOMIC RECOVERY:

COVID-19 could cost the world **\$14 trillion through 2024**. The economic effects are greatest in Africa, which needs at least \$285 billion to respond and mount a recovery. Inflation, food price spikes and supply chain disruptions are hitting hard. The IMF and World Bank downgraded **global economic growth projections** due to the combined effects of the Omicron variant, inflation and the likelihood of interest rate hikes, warning that the recovery of even the advanced economies is fragile. **Twenty-three African countries** are in or at high risk of debt distress and the cost of servicing that debt will increase as the U.S. Federal Reserve increases rates - weakening domestic currencies and increasing the risk of defaults and debt crises. And the knock-on effects of the Russian invasion of Ukraine are already threatening a global recovery, particularly in low- and middle-income countries dependent on the Russian and Ukrainian wheat markets.

IMF Managing Director Kristalina Georgieva has noted that how we manage the global economic recovery will determine whether the shift to green economies and digitization fosters a strong global economy or increased divergence between rich and poor. Three immediate steps can reverse the current trends towards what the IMF describes as a worsening two-track recovery and set the stage for greater rather than less economic coherence and stability. Across all three fronts, the approach of the G20 is key: **if we want a truly global economic recovery, the G20 must shift from a primary focus on its members coupled with modest initiatives for the poorest countries to one that assumes that its mandate is to make the global economy work better for all countries.**

Immediate action on recycling SDRs. The IMF has reached agreement with members to “recycle” or channel SDRs from high to low- and lower-middle income countries as a means of fueling an economic recovery in countries unable to provide the robust stimulus packages seen in wealthier countries. The primary vehicle for channeling these funds was approved in April and is expected to be operational in October. It is critical that key thresholds are met by that time, including reaching the target to recycle \$100 billion.

Urgent action on the “shadow pandemics.” The pandemic has already triggered extreme food insecurity and the first major increase in extreme poverty in 25 years. School closures have impacted the lives of 1.6 billion children while the tourism and informal business sectors have been ravaged. Job losses escalated in regions already facing dangerously high unemployment rates. If the international community does not solve for these “shadow pandemics” it will expend at least as much as is required now on humanitarian funding in the future. Donor countries will also have to increase their aid budgets; an à la carte approach to financing the pandemic response or the shadow pandemics or now, Ukraine and its knock-on effects or a little of each will yield insufficient impact on all.

Forestall a looming debt crisis. The COVID-19 pandemic is not the primary cause of the growing debt crisis, but it has added fuel to the fire. Left unchecked, a debt crisis will plunge millions into poverty, erase many of the gains of the past two decades, disrupt regional and global markets, and set the stage for economic and political instability. The G20’s Debt Service Suspension Initiative has provided modest relief to a few countries but is insufficient to forestall a crisis and carries with it the risk that participating countries’ credit ratings will be adversely impacted. And the G20’s Common Framework is yet to deliver. It is critical that the next G20 Summit get ahead of the coming crisis to tackle its underlying causes, identify measures to compel private creditors to engage, and agree to immediate next steps.



Nurses in Hospital, Nigeria. © 2022 / ONE - Omoregie Osakpolor



05

PREPARE FOR THE NEXT VIRUS:

The “to do” list for pandemic preparedness is a long one, and the gaps in our current architecture – institutional, financing mechanisms, international health regulations, scientific capabilities, and legal, regulatory, and trading systems - have been laid bare during this pandemic. All of these require attention and, while a substantive and viable international pandemic treaty may provide one path, several immediate steps simply cannot wait.

New rules for pandemics and epidemics.

On average, it takes 8 years for drugs available to wealthy countries to be available in poor countries. It took 13 years at the height of the HIV/AIDS epidemic for generic anti-retrovirals to be deployed against that disease. In the current pandemic vaccine production and availability did not meet global demand during the critical 12 months following the approval of new vaccines. Given the nature of the threat and the importance of reducing the duration of these threats, the world clearly needs new rules for access to medical countermeasures during WHO-declared pandemics or epidemics.

[European Commission President von der Leyen noted in a recent speech](#) "...together with the WTO, we want to clarify and simplify the use of compulsory licensing in times of national emergency." The UN and WTO should immediately establish a high-level commission comprised of scientific, medical, economic, development, trade, and industry experts to craft and propose those new rules.

Full financing for pandemic preparedness.

Few steps are as urgent as is building the capacity of all countries to detect, prevent and respond to global health security threats. Before the launch of a Financial Intermediary Fund hosted by the World Bank and/or expanding the mandates for existing institutions such as WHO, the Global Fund, CEPI and others, we need to do a landscape analysis of what capabilities already exist and identify the gaps that a new facility can fill. Whatever the institutional arrangements, this goal cannot be reached if we continue to rely on ad hoc contributions from ODA budgets. Given the level of risk and inevitability of new viral threats, financing should be based on assessed contributions, a transportation or other tax (as was done post-9/11), other innovative means of financing, and allocations from defense and other budgets. Other national security threats warrant predictable and full funding; the risks and costs posed by a pandemic on the scale of the COVID-19 pandemic warrant the same treatment.

A rapid-response capability housed at the WHO that can draw on stand-by personnel from other UN agencies, member governments, the private sector, and private institutions/organizations with relevant scientific, medical, planning, and other response-related skills. A "pandemic SWAT team" should be ready to deploy on immediate notice in the event of a new virus of concern, backed by the diplomatic heft needed to eliminate political obstacles that may arise. Broad political representation will be needed to ensure effectiveness and ensure that other foreign policy imperatives – however critical – do not undermine our collective capacity to protect the world from a global threat.

Surveillance and genomic sequencing.

The world has an impressive capacity to monitor and track viral threats and to sequence viruses to arm the scientific and response communities with the information needed to move faster than a given virus. But there are significant gaps across both disciplines, and insufficient coordination and cooperation means that this information is more a national asset than a global public good. Experts and professionals have proposed several initiatives designed to maximize global surveillance and sequencing capacity, and these must be acted on quickly – and in a manner that ensures that capacity is arrayed globally and equitably.

Learn more with the **ONE Africa COVID-19 Tracker**

